



PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

# FORM TR11

## APPLICATION TO EXTEND A TRAINING CONTRACT

**\*PLEASE NOTE:**

- In terms of Rule 23.7 “the PAAB may investigate the reasons for an extension.....”

**NOTE: ANY ALTERATIONS TO THIS FORM MUST BE SIGNED BY BOTH THE TRAINEE ACCOUNTANT AND THE TRAINING OFFICER**

**1 TRAINEE DETAILS** (must be completed by the trainee accountant)

PAAB NUMBER:

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Title

MR	MS
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First names<sup>1</sup>

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname<sup>2</sup>

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**2 TRAINING OFFICER DETAILS** (must be completed by the training officer)

Title

MR	MS
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Initials

--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Training office name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone no.

(		)
---	--	---

Fax no.

(		)
---	--	---

Training officer e-mail address

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<sup>1</sup> As indicated in the trainee's identification document.

<sup>2</sup> As indicated in the trainee's identification document.

**3 REASON FOR THE EXTENSION (insert the period of extension in the applicable box)**

a.	Failure to achieve academic progress	6 months
b.	Prescribed minimum core experience hours not completed by the registered end date of the training contract; enclose an interim assessment form	
c.	Prescribed minimum work attendance hours not completed by the registered end date of the training contract; enclose an interim assessment form	
d.	The prescribed technical and professional competencies have not been achieved; enclose an interim assessment form	
e.	Other, please specify and enclose supporting documentation	

If selected **b,c or d** above, please indicate the reason(s) why the hours and or competencies were not achieved by the trainee during the term of the training contract.

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We, the undersigned hereby apply for extension of the training contract, entered into between the training office and the trainee accountant.

We confirm that the information given in this application is, to the best of our knowledge, true and correct.

\_\_\_\_\_  
(Training officer signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Trainee accountant signature)

\_\_\_\_\_  
(Date)